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**BEFORE THE
DIVISION OF LICENSING
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Statement of Issues)
Against:)
)
PHILLIP B. AMIDON)
)
)
)
)
)

Respondent)

OAH No: L2003010859

MBC No: 20-2002-138142

DECISION

The attached Proposed Decision is hereby accepted and adopted as the Decision and Order by the Division of Licensing of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective on June 19, 2003.

ORDERED May 20, 2003.

MEDICAL BOARD OF CALIFORNIA



**Mitchell Karlan, M.D., President
Division of Licensing**

**BEFORE THE
DIVISION OF LICENSING
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Statement of Issues Against:

**PHILLIP B. AMIDON
25590 Prospect Avenue, No. 35-C
Loma Linda, California 92354**

Respondent.

Case No. 20-2002-138142

OAH No. L2003010859

PROPOSED DECISION

This matter came on regularly for hearing on February 21, 2003, in Los Angeles, California, before H. Stuart Waxman, Administrative Law Judge, Office of Administrative Hearings, State of California.

Complainant, Ron Joseph ("Complainant"), was represented by John E. Rittmayer, Deputy Attorney General.

Respondent, Phillip B. Amidon ("Respondent"), was present and was represented by Robert W. Stewart, Attorney at Law.

Oral and documentary evidence was received. The record was closed and the matter was submitted for decision.

FACTUAL FINDINGS

The Administrative Law Judge makes the following Factual Findings:

1. Complainant, Ron Joseph ("Complainant") made the Statement of Issues in his official capacity as Executive Director of the Medical Board of California, Department of Consumer Affairs ("the Board").
2. At all relevant times, Respondent was and is a physician, licensed to practice medicine in the State of Maine.

3. At the hearing, Respondent stipulated to the truth of paragraphs 2, 12 and 13 of the Statement of Issues. Those paragraphs are set forth verbatim below and are incorporated as factual findings herein.

"2. On or about March 4, 2002, the Medical Board of California, Department of Consumer Affairs received an application for a Physician and Surgeon's Certificate from PHILLIP B. AMIDON (Respondent). On or about March 1, 2002, PHILLIP B. AMIDON certified under penalty of perjury to the truthfulness of all statements, answers, and representations in the application. The Division of Licensing denied the application on October 11, 2002."

"12. Respondent's application is subject to denial under sections 480 and 2239 of the [Business and Professions] Code, in that on or about September 29, 1992, in a criminal proceeding entitled *Maine v. Phillip Amidon*, in the District Court of North Kennebec County, Case Number 92-03195, respondent was convicted by plea of guilty of violating Title 29, section 1312, subsection (B) of the Maine Criminal Code, a misdemeanor. The circumstances are as follows:

"A. On or about August 22, 1992, respondent was arrested for operating a motor vehicle while under the influence of alcohol.

"B. On or about September 29, 1992, following his plea of guilty, respondent was sentenced to serve 72 hours in jail, pay a fine of \$415.00, and forfeit the use of his driver's license for 60 days."

"13. Respondent's application is subject to denial under sections 480 and 2239 of the Code, in that on or about November 8, 2000, in a criminal proceeding entitled *Maine v. Phillip B. Amidon*, in the District Court of North Kennebec County, Case Number AUGDC-CR-2000-03187, respondent was convicted by plea of guilty of violating Title 29-A, section 2411, subsection (1) of the Maine Criminal Code, a misdemeanor. The circumstances are as follows:

"A. On or about August 4, 2000, respondent, who was driving a Dodge pickup truck, was stopped by a state police officer after the truck swerved to the right and nearly crashed into the side of a bridge. The officer observed that the respondent's eyes were red and glassy, his speech was slow and slurred, and an odor of alcohol emanated from respondent's breath. Respondent underwent field sobriety tests, which he failed. Respondent was then taken into custody and his blood alcohol content was tested. Respondent's blood alcohol content was measured 0.17%.

"B. On or about November 8, 2000, following his plea of guilty, respondent was sentenced to serve seven (7) days in jail, pay a fine of \$600.00, and forfeit the use of his driver's license for eighteen (18) months."

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4. Following his first conviction, Respondent believed he may have been drinking too much and needed to reduce his alcohol consumption. However, he reached a "turning point" following his second arrest. Ashamed and disgusted with himself, he went on a self-imposed program to overcome his drinking problem. He returned to his church, began exercising, and lost 50 pounds. He also sought help through the Maine Medical Association for Physicians Health Program, a program similar to California's Diversion Program but operated by Maine's physicians rather than its licensing board. At the suggestion of individuals associated with that program, Respondent admitted himself to a psychiatric hospital for a three-day evaluation by addiction specialist, George M. Nowak, M.D. Following that evaluation, Dr. Nowak opined that Respondent was an alcohol abuser but was not dependent on alcohol. However, the treatment for both conditions was the same: complete abstinence from alcohol.

5. Respondent began attending 1-2 Alcoholics Anonymous ("AA") meetings per week. The Physicians Health Program recommended two meetings per week. However, Respondent was living in the small city of Augusta and only a few weekly meetings took place in that area. Respondent attended as many as he could find. The meetings were informal and "not very focused." Attendees were not asked to sign in and no records were kept. Respondent also utilized "physician monitoring," whereby a physician observed him and reported to the Physicians Health Program whether he believed Respondent was using alcohol. In Respondent's case, the physician had ample opportunity to observe him since they carpooled together to and from work, a 90-minute commute. As another part of the Physicians Health Program, Respondent underwent urine testing once per month.

6. Respondent was licensed as a physician in Maine in 1978. He began his medical career as an internist but developed an interest in gastroenterology as a resident in the 1970's and developed expertise in that field over his years of practice. He became a board certified gastroenterologist in Maine by being "grandfathered" onto the Board due to a lack of board-certified gastroenterologists in the state. That shortage no longer exists.

7. Respondent moved to California in May of 2002 when, at age 52, he was accepted into a fellowship training program in Gastroenterology and Hepatology at Loma Linda University Medical Center and Jerry L. Pettis Veterans Administration Medical Center ("Loma Linda"). This was a highly unusual placement in that only approximately 300 gastroenterology fellowships are available nationwide annually for which approximately 200 applications are received per slot. The vast majority of the fellowships are granted to physicians in their 30's who were at the top of their classes. Respondent described his fellowship at Loma Linda as "a once in a lifetime opportunity, a miracle, a gift from God, a blessing."

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8. Respondent disclosed his convictions to Loma Linda before he moved to California. In response, Loma Linda assigned Mickey Ask, M.D. a member of Loma Linda's Well-Being Committee, to evaluate Respondent. Following the evaluation in June of 2002, Dr. Ask opined:

"The ambivalence in Dr. Amidons (sic) records about his diagnosis (i.e. alcohol dependence vs. abuse) is because he does not present with the typical compulsive/obsessional elements nor with the physical consequences we normally see in advanced alcoholism. But looking at the amount of alcohol in his blood at the time of the citations he did have physical tolerance. He clearly has the element of loss of control in that he has the feature noted in alcoholics of not being internally aware of when he consumes too much and therefore drinks more than is normal. And this has led to driving and legal problems and resuming alcohol use after the first problem leading to a repeated problem. So he does have the required three elements meeting the dependence diagnoses criteria, though one could argue he is in an early stage of progression. Regardless, it is clear that abstinence should be the goal and he readily endorses this goal. He clearly is open to cooperate with the typical recovery recommendations. He has demonstrated an ability to maintain abstinence now for almost two continuous years. He is past the initial states of thinking in relation to his recovery but is still in in (sic) need of more education regarding recovery and relapse prevention. He does not seem to require a significant degree of structure in order to maintain his recovery but I would recommend some degree of monitoring and requirements such as what the hospital well-being committee can provide. Specifically he should have minimum monthly urine monitoring, 2-3 AA meetings/wk, sponsor and step work, and at least one physician support group a week. This should continue throughout his training. It would be up to the MBC committee to determine if he also needs to be in Diversion."

9. Respondent followed Dr. Ask's advice. He was unable to formally enter the Diversion Program because he was not yet a licensed physician in California. However, he was permitted to informally participate in the program. At the suggestion of Diversion Program personnel, he began attending three AA meetings per week and retained a sponsor who made it clear to Respondent that Respondent was not merely an alcohol abuser, he was a classic alcoholic. This was another turning point for Respondent. He then realized that he had a disease and that the disease had a treatment. He no longer viewed the alcoholic as a "dirty person" on the street or in a bus station. He discussed his alcoholism in detail with his wife and his two grown daughters. He apologized to them and made amends. He felt relieved by the process because they embraced him and seemed to love him more than before.

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10. Respondent has found far more opportunities for recovery in California than existed in Maine. A great many AA meetings occur frequently, some of which are specifically intended for physicians. Respondent has come to realize that his alcoholism had made him self-centered. He now believes he has learned to do God's will and approaches his life with the goal of helping others. To protect against the selfish nature of the disease, he leads an AA group once per week and opens the meeting hall and starts the coffee machine on another day. In July of 2002, he began attending Facilitated Support Group meetings as part of the Diversion Program.

11. Dr. Ask presently considers Respondent to be in "good shape." Respondent is healthy, thoughtful and responsive. He accepted Dr. Ask's recommendations willingly, has been able to follow those recommendations and has gained a benefit from them. Respondent has sustained his abstinence. Based on Respondent's anticipated continued successes, Dr. Ask believes Respondent will be a safe practitioner.

12. Respondent sincerely believes he will not return to drinking. He acknowledges his alcoholism and his employer is aware of it as well. He has asked his wife (a nurse) to let him know if she notices any "danger signs." Although the literature indicates a 35% chance that a recovering alcoholic will not make it through the first year, Respondent has abstained from alcohol for over 2½ years.

13. Respondent both thrived and excelled in the Loma Linda Gastroenterology Program, exceeding the expectations of all of the faculty members. However, on December 31, 2002, he was terminated from the program because he was not licensed as a physician in California. His participation in the program will be permanently cancelled unless he is licensed by July 1, 2003. The Program Director, John McCracken, M.D., and the faculty will be pleased to have Respondent back if he is granted licensure. At the hearing, Dr. McCracken described Respondent as follows: He possesses strong moral and ethical principles. He approaches situations with openness and honesty. He is very helpful to others. He perceives patient needs and puts himself in a position to provide service to patients. He has posted some of his personal values on the wall at his work station. His practice at Loma Linda has been beyond reproach. Dr. McCracken saw Respondent on most working days and found Respondent's work habits to be appropriate. He never smelled alcohol on Respondent's breath and never received a report of inappropriate conduct from any of Respondent's supervisors in the two hospitals in which he worked. Dr. McCracken considers it important to keep Respondent in the Loma Linda program.

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14. Although it is not a charging allegation in the Statement of Issues, some time was spent during the hearing regarding a representation Respondent made on his application for licensure. Question No. 22 on the application asked if Respondent had any condition which in any way impaired or limited his ability to practice medicine with reasonable skill and safety. Certain conditions, including alcohol dependency or addiction, were specifically mentioned in connection with the questions and the applicant could check a box for each such condition that applied. Respondent answered "no" to Question 22 and did not check any of the boxes. He answered the question in that manner because Dr. Nowak had previously informed him that his ability to practice medicine was not impaired as long as he abstained from alcohol consumption, something he had been doing since August of 2000. He also based his answer to the question on his own strong rehabilitation program. He disclosed his alcohol-related convictions in response to Question 23A and attached a document in which he discussed his alcohol use. He did not disclose his participation in the Maine Physicians Health Program because he received no inquiry concerning it and there was no place on the application to disclose it.

LEGAL CONCLUSIONS

Pursuant to the foregoing Factual Findings, the Administrative Law Judge makes the following legal conclusions:

1. Cause exists for the denial of Respondent's application pursuant to Business and Professions Code section 480(a)(1), for conviction of a crime, as set forth in Finding 3.

2. Cause exists for the denial of Respondent's application pursuant to Business and Professions Code section 2239, for more than one misdemeanor conviction involving the use of alcohol, as set forth in Finding 3.

Respondent has made excellent rehabilitative strides in his quest to overcome his affliction. He has shown remarkable fortitude, resolve and determination in developing his own recovery plan, becoming and remaining abstinent despite the lack of assistive resources in Maine, obtaining a fellowship at Loma Linda in the face of overwhelming odds, disclosing his alcohol-related convictions to Loma Linda and to the Board, seeking out help in overcoming his alcoholism, and maintaining his abstinence for approximately three years during the entire process. He has won the respect, admiration and support of his wife, his daughters, the Loma Linda Program Director, the Loma Linda faculty, and the Loma Linda Well-Being Committee member who evaluated him in connection with his alcoholism before he was permitted to commence his fellowship.

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It is undisputed that Respondent is an unusually skilled and dedicated physician. His skills and dedication are not only evidenced in his developing extraordinary knowledge in gastroenterology in a small city in Maine and in his success at Loma Linda, but in his undertaking and demanding the success of his own rehabilitation as well. The public interest should be adequately protected by the issuance of a properly conditioned probationary certificate.

ORDER

WHEREFORE, THE FOLLOWING ORDER is hereby made:

Respondent's application for licensure by the Board is denied. However, the denial is stayed, the license is granted, and Respondent is placed on probation for five (5) years upon the following terms and conditions.

1. Respondent shall abstain completely from the use of alcoholic beverages.
2. Respondent shall immediately submit to biological fluid testing, at Respondent's cost, upon the request of the Division or its designee.
3. Within 30 days from the effective date of this decision, Respondent shall enroll and participate in the Division's Diversion Program until the Division determines that further treatment and rehabilitation is no longer necessary. Quitting the program without permission or being expelled for cause shall constitute a violation of probation by Respondent.
4. Within 15 days after the effective date of this decision, Respondent shall provide the Division, or its designee, proof of service that Respondent has served a true copy of this decision on the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to Respondent or **at any other facility where Respondent engages in the practice of medicine** and on the Chief Executive Officer at every insurance carrier where malpractice insurance coverage is extended to Respondent.
5. Respondent shall obey all federal, state and local laws, all rules governing the practice of medicine in California, and remain in full compliance with any court ordered criminal probation, payments and other orders.
6. Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Division, stating whether there has been compliance with all the conditions of probation.

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7. Respondent shall comply with the Division's probation surveillance program. Respondent shall, at all times, keep the Division informed of his addresses of business and residence which shall both serve as addresses of record. Changes of such addresses shall be immediately communicated in writing to the Division. Under no circumstances shall a post office box serve as an address of record, except as allowed by Business and Professions Code Section 2021(b).

8. Respondent shall, at all times, maintain a current and renewed physician and surgeon license.

9. Respondent shall also immediately inform the Division, in writing, of any travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty (30) days.

10. Respondent shall appear in person for interviews with the Division, its designee or its designated physician(s) upon request at various intervals and with reasonable notice.

11. In the event Respondent should leave California to reside or to practice outside the State or for any reason should Respondent stop practicing medicine in California, Respondent shall notify the Division or its designee in writing within ten days of the dates of departure and return or the dates of non-practice within California. Non-practice is defined as any period of time exceeding thirty days in which Respondent is not engaging in any activities defined in Sections 2051 and 2052 of the Business and Professions Code. All time spent in an intensive training program approved by the Division or its designee shall be considered as time spent in the practice of medicine. A Board ordered suspension of practice shall not be considered as a period of non-practice. Periods of temporary or permanent residence or practice outside California or of non-practice within California, as defined in this condition, will not apply to the reduction of the probationary order.

12. If Respondent violates probation in any respect, the Division, after giving Respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an accusation or petition to revoke probation is filed against Respondent during probation, the Division shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

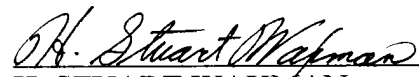
13. Respondent shall pay the costs associated with probation monitoring each and every year of probation. Such costs shall be payable to the Division of Medical Quality and delivered to the designated probation surveillance monitor no later than January 31 of each calendar year. Failure to pay such costs within 30 days of the due date shall be considered a violation of probation.

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14. Following the effective date of this decision, if Respondent ceases practicing due to retirement, health reasons or is otherwise unable to satisfy the terms and conditions of probation, Respondent may voluntarily tender his certificate to the Board. The Division reserves the right to evaluate Respondent's request and to exercise its discretion whether to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the tendered license, Respondent will no longer be subject to the terms and conditions of probation.

15. Upon successful completion of probation, Respondent's certificate shall be fully restored.

DATED: March 7, 2003


H. STUART WAXMAN
Administrative Law Judge
Office of Administrative Hearings

1 BILL LOCKYER, Attorney General
of the State of California
2 RICHARD AVILA, State Bar No. 91214
Deputy Attorney General
3 For JOHN E. RITTMAYER,
Deputy Attorney General
4 California Department of Justice
300 So. Spring Street, Suite 1702
5 Los Angeles, CA 90013
Telephone: (213) 897-7485
6 Facsimile: (213) 897-1071

7 Attorneys for Complainant

8 **BEFORE THE**
9 **DIVISION OF LICENSING**
10 **MEDICAL BOARD OF CALIFORNIA**
11 **DEPARTMENT OF CONSUMER AFFAIRS**
12 **STATE OF CALIFORNIA**

13 In the Matter of the Statement of Issues Against:

14 PHILLIP B. AMIDON
25590 Prospect Avenue, No. 35-C
Loma Linda, California 92354

15 Respondent.

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO January 22, 2003
BY Charles Bryant ANALYST

Case No. 20-2002-138142

STATEMENT OF ISSUES

16 Complainant alleges:

17 **PARTIES**

- 18
- 19 1. Ron Joseph (Complainant) brings this statement of issues solely in his
20 official capacity as the Executive Director of the Medical Board of California, Department of
21 Consumer Affairs.
- 22 2. On or about March 4, 2002, the Medical Board of California, Department
23 of Consumer Affairs received an application for a Physician and Surgeon's Certificate from
24 PHILLIP B. AMIDON (Respondent). On or about March 1, 2002, PHILLIP B. AMIDON
25 certified under penalty of perjury to the truthfulness of all statements, answers, and
26 representations in the application. The Division of Licensing denied the application on October
27 11, 2002.

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1 showing each approved medical school in which a resident course of professional
2 instruction was pursued covering the minimum requirements for certification as a
3 physician and surgeon, and that a diploma and degree were granted by the school.

4 “(c) Such other information concerning the professional instruction and
5 preliminary education of the applicant as the division may require.

6 “(d) An affidavit showing to the satisfaction of the division that the applicant is
7 the person named in each diploma and transcript that he or she submits, that he or she is
8 the lawful holder thereof, and that the diploma or transcript was procured in the regular
9 course of professional instruction and examination without fraud or misrepresentation.

10 “(e) Fingerprint cards from the applicant in order to establish the identity of the
11 applicant and in order to determine whether the applicant has a record of any criminal
12 convictions in this state or in any other jurisdiction, including foreign countries. The
13 information obtained as a result of the fingerprinting of the applicant shall be used in
14 accordance with Section 11105 of the Penal Code, and to determine whether the applicant
15 is subject to denial of licensure under the provisions of Division 1.5 (commencing with
16 Section 475) and Section 2221 [of the Business and Professions Code].”

17 7. Section 2096 of the Code states:

18 “In addition to other requirements of this chapter, before a physician's and
19 surgeon's license may be issued, each applicant, including an applicant applying pursuant
20 to Article 5 (commencing with Section 2100), shall show by evidence satisfactory to the
21 Division of Licensing that he or she has satisfactorily completed at least one year of
22 postgraduate training, which includes at least four months of general medicine, in an
23 approved postgraduate training program.”

24 8. Section 2170 of the Code states:

25 “(a) All applicants for a physician's and surgeon's certificate shall take the
26 examination provided for in this article unless provisions of this chapter otherwise
27 provide.

28 “(b) The provisions of this article shall apply to all examinations administered by

1 the Division of Licensing unless provisions of this chapter otherwise provide.”

2 9. Section 2221 of the Code states:

3 “(a) The Division of Licensing may deny a physician's and surgeon's license to
4 any applicant guilty of unprofessional conduct or of any cause that would subject a
5 licensee to revocation or suspension of his or her license; or, the division in its sole
6 discretion, may issue a probationary license to an applicant subject to terms and
7 conditions, including, but not limited to, any of the following conditions of probation:

8 “(1) Practice limited to a supervised, structured environment where the licensee's
9 activities shall be supervised by another physician and surgeon.

10 “(2) Total or partial restrictions on drug prescribing privileges for controlled
11 substances.

12 “(3) Continuing medical or psychiatric treatment.

13 “(4) Ongoing participation in a specified rehabilitation program.

14 “(5) Enrollment and successful completion of a clinical training program.

15 “(6) Abstention from the use of alcohol or drugs.

16 “(7) Restrictions against engaging in certain types of medical practice.

17 “(8) Compliance with all provisions this chapter.

18 “(b) The Division of Licensing may modify or terminate the terms and conditions
19 imposed on the probationary license upon receipt of a petition from the licensee.

20 “(c) Enforcement and monitoring of the probationary conditions shall be under
21 the jurisdiction of the Division of Medical Quality in conjunction with the administrative
22 hearing procedures established pursuant to Sections 11371, 11372, 11373, and 11529 of
23 the Government Code, and the review procedures set forth in Section 2335.”

24 10. Section 480 of the Code states:

25 “(a) A board may deny a license regulated by this code on the grounds that the
26 applicant has one of the following:

27 “(1) Been convicted of a crime. A conviction within the meaning of this section
28 means a plea or verdict of guilty or a conviction following a plea of nolo contendere. Any action

1 which a board is permitted to take following the establishment of a conviction may be taken
2 when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal,
3 or when an order granting probation is made suspending the imposition of sentence, irrespective
4 of a subsequent order under the provisions of Section 1203.4 of the Penal Code.

5 “(2) Done any act involving dishonesty, fraud or deceit with the intent to
6 substantially benefit himself or another, or substantially injure another; or

7 “(3) Done any act which if done by a licentiate of the business or profession in
8 question, would be grounds for suspension or revocation of license.

9 “The board may deny a license pursuant to this subdivision only if the crime or
10 act is substantially related to the qualifications, functions or duties of the business or profession
11 for which application is made.

12 “(b) Notwithstanding any other provision of this code, no person shall be denied
13 a license solely on the basis that he has been convicted of a felony if he has obtained a certificate
14 of rehabilitation under Section 4852.01 and following of the Penal Code or that he has been
15 convicted of a misdemeanor if he has met all applicable requirements of the criteria of
16 rehabilitation developed by the board to evaluate the rehabilitation of a person when considering
17 the denial of a license under subdivision (a) of Section 482.

18 “(c) A board may deny a license regulated by this code on the ground that the
19 applicant knowingly made a false statement of fact required to be revealed in the application for
20 such license.”

21 11. Section 2239 of the Code provides, in part, as follows:

22 “(a) The use . . . of alcoholic beverages, to the extent, or in such manner as to be
23 dangerous or injurious to the licensee, or to any other person or to the public, or to the extent that
24 such use impairs the ability of the licensee to practice medicine safely or more than one
25 misdemeanor or any felony involving the use, consumption, or self-administration of the
26 substances referred to in this section, or any combination thereof, constitutes unprofessional
27 conduct. The record of the conviction is conclusive evidence of such unprofessional conduct.

28 “(b) A plea or verdict of guilty or a conviction following a plea of nolo

1 contendere is deemed to be a conviction within the meaning of this section. The . . . Division of
2 Licensing may order the denial of the license when the time for appeal has elapsed or the
3 judgment of conviction has been affirmed on appeal or when an order granting probation is made
4 suspending imposition of sentence, irrespective of a subsequent order under the provisions of
5 Section 1203.4 of the Penal Code allowing such person to withdraw his or her plea of guilty and
6 to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation,
7 complaint, information, or indictment.”

8 FIRST CAUSE FOR DENIAL OF APPLICATION

9 (Criminal Conviction)

10 12. Respondent's application is subject to denial under sections 480 and 2239
11 of the Code, in that on or about September 29, 1992, in a criminal proceeding entitled *Maine v.*
12 *Phillip Amidon*, in the District Court of North Kennebec County, Case Number 92-03195,
13 respondent was convicted by plea of guilty of violating Title 29, section 1312, subsection (B) of
14 the Maine Criminal Code, a misdemeanor. The circumstances are as follows:

15 A. On or about August 22, 1992, respondent was arrested for
16 operating a motor vehicle while under the influence of alcohol.

17 B. On or about September 29, 1992, following his plea of guilty,
18 respondent was sentenced to serve 72 hours in jail, pay a fine of \$415.00, and forfeit the use of
19 his driver's license for 60 days.

20 SECOND CAUSE FOR DENIAL OF APPLICATION

21 (Criminal Conviction)

22 13. Respondent's application is subject to denial under sections 480 and 2239
23 of the Code, in that on or about November 8, 2000, in a criminal proceeding entitled *Maine v.*
24 *Phillip B. Amidon*, in the District Court of North Kennebec County, Case Number
25 AUGDC-CR-2000-03187, respondent was convicted by plea of guilty of violating Title 29-A,
26 section 2411, subsection (1) of the Maine Criminal Code, a misdemeanor. The circumstances are
27 as follows:

28 A. On or about August 4, 2000, respondent, who was driving a Dodge

1 pickup truck, was stopped by a state police officer after the truck swerved to the right and
2 nearly crashed into the side of a bridge. The officer observed that the respondent's eyes
3 were red and glassy, his speech was slow and slurred, and an odor of alcohol emanated
4 from respondent's breath. Respondent underwent field sobriety tests, which he failed.
5 Respondent was then taken into custody and his blood alcohol content was tested.
6 Respondent's blood alcohol content was measured 0.17%.

7 B. On or about November 8, 2000, following his plea of guilty,
8 respondent was sentenced to serve seven (7) days in jail, pay a fine of \$600.00, and forfeit
9 the use of his driver's license for eighteen (18) months.

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1 PRAYER

2 - WHEREFORE, Complainant requests that a hearing be held on the matters herein
3 alleged, and that following the hearing, the Division of Licensing issue a decision:

4 1. Denying the application of PHILLIP B. AMIDON for a Physician and
5 Surgeon's Certificate;

6 2. Taking such other and further action as deemed necessary and proper.
7

8 DATED: January 22, 2003
9

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11 _____
12 RON JOSEPH
13 Executive Director
14 Medical Board of California
15 Department of Consumer Affairs
16 State of California
17 Complainant
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